

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>						
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR      FIRST      MI</p> <p><i>Mr</i>      <i>John</i>      <i>C</i></p> <p>NICKNAME      LAST      SUFFIX</p> <p><i>Creuzot</i></p>		<p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p style="font-size: 2em; color: blue;">FILED</p> <p style="color: blue;">2018 FEB -5 PM 2:50</p> <p style="color: blue;">JOHN F. WARREN COUNTY CLERK DALLAS COUNTY</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>P.O. Box 181268 Dallas, TX 75208</i></p>								
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE      PHONE NUMBER      EXTENSION</p> <p><i>(214) 219-1000</i></p>								
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR      FIRST      MI</p> <p><i>Mr</i>      <i>Albert</i>      </p> <p>NICKNAME      LAST      SUFFIX</p> <p><i>Black</i></p>								
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>1133 Madison Ave</i></p> <p><i>Dallas, TX, 75208</i></p>								
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE      PHONE NUMBER      EXTENSION</p> <p><i>(214) 941-4885</i></p>								
<p>9 REPORT TYPE</p>	<p> <input type="checkbox"/> January 15      <input checked="" type="checkbox"/> 30th day before election      <input type="checkbox"/> Runoff      <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  <input type="checkbox"/> July 15      <input type="checkbox"/> 8th day before election      <input type="checkbox"/> Exceeded \$500 limit      <input type="checkbox"/> Final Report (Attach C/OH - FR)         </p>								
<p>10 PERIOD COVERED</p>	<p>Month      Day      Year      THROUGH      Month      Day      Year</p> <p><i>01 / 01 / 2018</i>      <i>THROUGH</i>      <i>01 / 25 / 2018</i></p>								
<p>11 ELECTION</p>	<p>ELECTION DATE      ELECTION TYPE</p> <p>Month      Day      Year      <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description</p> <p><i>11 / 06 / 2018</i>      <input checked="" type="checkbox"/> General      <input type="checkbox"/> Special</p>								
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)      13 OFFICE SOUGHT (if known)</p> <p><i>None</i>      <i>Dallas County District Attorney</i></p>								
<p><b>GO TO PAGE 2</b></p>									

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

10,650

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

9,292.27

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

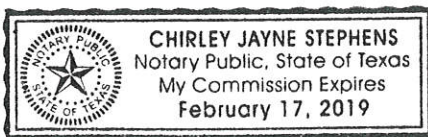
121,329.47

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*John Creyzo*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Creyzo, this the 5th  
day of February, 20 18, to certify which, witness my hand and seal of office.

*Chirley Jayne Stephens*  
Signature of officer administering oath

Chirley Jayne Stephens  
Printed name of officer administering oath

Notary  
Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

John Cruzot

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,650
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,292.22
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME John Cruzot		3 Filer ID (Ethics Commission Filers)
4 Date 11/3/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Peter Malouf	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code P.O. Box 12745, Dallas, TX 75225		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Law office of Peter Malouf
Date 11/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Margaret C. Foster	Amount of contribution (\$) 2,000
Contributor address; City; State; Zip Code 10455 N Central Expwy #109-323		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) EX Martin III	Amount of contribution (\$) 1,000
Contributor address; City; State; Zip Code 8828 Greenville Ave, Dallas, TX 75243		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/4/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ) Jennifer Shorey	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code 9114 Esplanade Dr, Dallas, TX 75220		
Principal occupation / Job title (See Instructions) Probation Officer		Employer (See Instructions) Dallas County
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

**John Creuzot**

3 Filer ID (Ethics Commission Filers)

4 Date

**11/7/2018**

5 Full name of contributor

**Niles Illich**

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

**250**

6 Contributor address;

City; State; Zip Code

**8828 Greenville Ave, Dallas, TX 75231**

8 Principal occupation / Job title (See Instructions)

**Attorney**

9 Employer (See Instructions)

**Law office of Niles Illich**

Date

**11/2/2018**

Full name of contributor

**Louis Dorfman**

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

**3000**

Contributor address;

City; State; Zip Code

**9909 Preston Road, Dallas TX 75230**

Principal occupation / Job title (See Instructions)

**President**

Employer (See Instructions)

**Dorfman Production Co.**

Date

**11/16/2018**

Full name of contributor

**Louis Dorfman**

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

**2000.**

Contributor address;

City; State; Zip Code

**9909 Preston Road, Dallas, TX 75230**

Principal occupation / Job title (See Instructions)

**President**

Employer (See Instructions)

**Dorfman Production Co.**

Date

**11/5/2018**

Full name of contributor

**Judy Zapletal**

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

**100.**

Contributor address;

City; State; Zip Code

**1300 Mt Vernon, Emis, TX 75119**

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

**N/A**

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME John Cruzot		3 Filer ID (Ethics Commission Filers)
4 Date 11/1/2018	5 Full name of contributor Margaret C Foster <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 10455 N Central Expwy #109-323 Dallas, TX 75119	7 Amount of contribution (\$) 2000
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/3/2018	Full name of contributor Brame Law Firm P.C. <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3333 Lee Pkwy Ste 600 Dallas TX 75219	Amount of contribution (\$) 100.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>John Cruzot</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>34</b>	2 FILER NAME <b>John Cruzot</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/3/2018</b>	5 Payee name <b>M+M Advertising Co</b>	
6 Amount (\$) <b>1350.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 1418, DeSoto, TX 75123</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/19/2018</b>	Payee name <b>Edwards &amp; Patterson Signs</b>		
Amount (\$) <b>1639.99</b>	Payee address; City; State; Zip Code <b>103 S Beltline, Irving, TX 75060</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Signs</b>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/16/2018</b>	Payee name <b>Rilly Echolls Printing</b>		
Amount (\$) <b>3951.13</b>	Payee address; City; State; Zip Code <b>P.O. Box 152358, Dallas Texas 75315</b>		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>printing door hangers</b>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: <b>34</b>	2 FILER NAME <b>John Cruzot</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/10/2018</b>	5 Payee name <b>Dallas Examiner</b>	
6 Amount (\$) <b>375<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>4510 Malcolm X Blvd, Dallas, TX 75215</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Ad</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>11/9/2018</b>	Payee name <b>Fast Signs</b>	
Amount (\$) <b>109.<sup>15</sup></b>	Payee address; City; State; Zip Code <b>2629 Oak Lawn Ave, Dallas, TX 75219</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Door Magnets</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>11/24/2018</b>	Payee name <b>Interdenominational Ministers Alliance</b>	
Amount (\$) <b>100<sup>00</sup></b>	Payee address; City; State; Zip Code <b>P.O. Box 41139, Dallas, TX 75241</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Ad</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>John Cruzot</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/11/2018</b>	5 Payee name <b>April Hartman</b>	
6 Amount (\$) <b>720.<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>1908 Chasewood Circle #107, Arlington, TX 76011</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Block Walking</b>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <b>1/9/2018</b>	Payee name <b>Master-Mark Advertising</b>	
Amount (\$) <b>433.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>P.O. Box 1341, De Soto, TX 75123</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Paper Posters</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

Date <b>1/10/2018</b>	Payee name <b>University Park Public Library</b>	
Amount (\$) <b>50.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>3800 University Park Blvd, University Park, TX 75205</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Venue rental for meeting</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>John Cruzot</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/25/2018</b>	5 Payee name <b>Stripe Fee</b>	
6 Amount (\$) <b>239.25</b>	7 Payee address; City; State; Zip Code <b>185 Berry St, Ste 550, San Francisco, CA 94107</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Online Donation Fees</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <b>1/22/2018</b>	Payee name <b>MSCAS LLC</b>	
Amount (\$) <b>324.75</b>	Payee address; City; State; Zip Code <b>217 N Interstate 35E Ste 217, DeSoto, TX 75115</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Billboard Advertising</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED